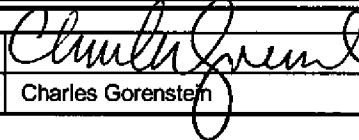


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|   |  |                          |                          |
|---|--|--------------------------|--------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> |  | <b>Complete if Known</b> |                          |
| <b>FEE TRANSMITTAL</b>  |  | Application Number       | Patent#: 7,283,193 B2    |
| <b>For FY 2008</b>  |  | Filing Date              | Issued: October 16, 2007 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |  | First Named Inventor     | Mitsuhiko SUGIMOTO       |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ 100.00)  |  | Examiner Name            | Not Yet Assigned         |
|   |  | Art Unit                 | N/A                      |
|   |  | Attorney Docket No.      | 4633-0107P               |

|   |                                      |   |                               |
|---|--------------------------------------|---|-------------------------------|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |                                      |   |                               |
| <input type="checkbox"/> Check  | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order  | <input type="checkbox"/> None |
| <input checked="" type="checkbox"/> Deposit Account   |                                      | Deposit Account Number: 02-2448   |                               |
| Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  |                                      |   |                               |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)      |                                      |   |                               |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   |                                      | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |                               |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 |                                      | <input checked="" type="checkbox"/> Credit any overpayments                       |                               |

|   |                     |   |                      |                                  |                         |                              |                       |
|---|---------------------|---|----------------------|----------------------------------|-------------------------|------------------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                      |                                  |                         |                              |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                      |                                  |                         |                              |                       |
| <b>Application Type</b>   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b>   |                                  | <b>EXAMINATION FEES</b> |                              |                       |
|   | <b>Fee (\$)</b>     | <b>Small Entity Fee (\$)</b>                            | <b>Fee (\$)</b>      | <b>Small Entity Fee (\$)</b>     | <b>Fee (\$)</b>         | <b>Small Entity Fee (\$)</b> | <b>Fees Paid (\$)</b> |
| Utility   | 310                 | 155   | 510                  | 255                              | 210                     | 105                          |                       |
| Design  | 210                 | 105   | 100                  | 50                               | 130                     | 65                           |                       |
| Plant   | 210                 | 105   | 310                  | 155                              | 160                     | 80                           |                       |
| Reissue   | 310                 | 155   | 510                  | 255                              | 620                     | 310                          |                       |
| Provisional   | 210                 | 105   | 0                    | 0                                | 0                       | 0                            |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                      |                                  |                         |                              |                       |
| <b>Fee Description</b>  |                     |   |                      |                                  |                         |                              |                       |
| Each claim over 20 (including Reissues) 50 25   |                     |   |                      |                                  |                         |                              |                       |
| Each independent claim over 3 (including Reissues) 210 105  |                     |   |                      |                                  |                         |                              |                       |
| Multiple dependent claims 370 185   |                     |   |                      |                                  |                         |                              |                       |
| <b>Total Claims</b>   | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                         |                              |                       |
| - =   | x                   | =   |                      | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>    |                              |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                      |                                  |                         |                              |                       |
| <b>Indep. Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> |                                  |                         |                              |                       |
| - =   | x                   | =   |                      |                                  |                         |                              |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                      |                                  |                         |                              |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                      |                                  |                         |                              |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                      |                                  |                         |                              |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>      | <b>Fee Paid (\$)</b>             |                         |                              |                       |
| - 100 =   | /50 =               | (round up to a whole number) x                          | =                    |                                  |                         |                              |                       |
| <b>4. OTHER FEE(\$)</b>   |                     |   |                      |                                  |                         |                              |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                      |                                  |                         |                              |                       |
| Other (e.g., late filing surcharge): 1811 Certificate of correction 100.00  |                     |   |                      |                                  |                         |                              |                       |

|                                      |   |
|--------------------------------------|---|
| <b>SUBMITTED BY</b>                  |   |
| Signature                            |  |
| Name (Print/Type)                    | Charles Gorenstein  |
| Registration No.<br>(Attorney/Agent) | 29,271  |
| Telephone                            | (703) 205-8000  |
| Date                                 | MAR 06 2008   |